



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: GOSHEN HOSPITAL (IU)

City of Hospital: GOSHEN

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Jeffrey Miller

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Medicare Provider Number: 150026

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$209968232
Outpatient Patient Service Revenue	\$499483604
Total Gross Patient Service Revenue	\$709451836

2. Deductions From Revenue

Contractual Allowance	\$423158486
Other Deductions	\$10671180
Total Deductions	\$433829666

3. Total Operating Revenue

Net Patient Service Revenue	\$275622171
Other Operating Revenue	\$6101020
Total Operating Revenue	\$281723191

4. Operating Expenses

Salaries and Wages	\$77888050	Employee Benefits	\$28573545
Depreciation and Amortization	\$12415194	Interest Expense	\$792601
Bad Debt	\$27002177	Other Expenses	\$148639508
Total Operating Expenses	\$295311075		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-13587885	Total Assets	\$483344775
Net Non-operating Gains over Loss	\$37478376	Total Liabilities	\$122124308

Total Net Gains	\$23890491
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$330803399	\$269272348	\$61531051
Medicaid	\$87441478	\$63195775	\$24245703
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$291206959	\$90690364	\$200516595
Total	\$709451836	\$423158487	\$286293349

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$62613	\$0	\$62613

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$374472	\$445031	\$-70559

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$321216	\$1166846	\$-845630

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	153563

Statement Six: Charity Statement

Hospital Charity Charges	\$6802529
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$2572661	
HCI Payments	\$0		
Subtotal	\$0	\$2572661	\$-2572661
Medicaid Shortfalls	\$4160548	\$33069654	
Subtotal	\$4160548	\$35642315	\$-31481767
DSH Payments	\$3,294,163		
Subtotal	\$7454711	\$35642315	\$-28187604
Medicare Shortfalls	\$40695183	\$51213228	
Other Government Programs	\$0	\$0	
Total	\$48149894	\$86855543	\$-38705649

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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